

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128  
**FILED AUG 26 1963**

Primary Registration District No. 2000

Registrar's No. 1202 **63-032011**

VS 300  
Rev. 4/59

10397

20397

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94200

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
Length of stay in lb <u>30 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1808 W. West Home</u>		d. STREET ADDRESS (If outside, give location) <u>1908 N. Main</u>	
3. NAME OF DECEASED (Type or print) First <u>Otto</u> Middle <u>Womack</u> Last <u>Womack</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/10/18</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance sales</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	10. BIRTHPLACE (City and state or country) <u>St. Louis, Mo</u>	11. AGE (last birthday) <u>85</u>
12a. FATHER'S NAME <u>Lewis Womack</u>		12b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>Lutie "Deceased"</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>2 days</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>12</u> p.m. <u>12</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Springfield</u>
21. I attended the deceased from <u>8-12-63</u> to <u>8-12-63</u> and last saw her alive on <u>8-12-63</u> Death occurred at <u>6:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>8-13-63</u>	
23a. SIGNATURE <u>Paul C. Morton</u>		23b. ADDRESS <u>1630 N. Jefferson Springfield</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		23d. LOCATION (City, town, or county) <u>Springfield, Mo.</u>	
23e. DATE RECD. BY LOCAL REG. <u>Aug 17, 1963</u>		23f. REGISTRAR'S SIGNATURE <u>Bernice M. Kelly</u>	
23g. FUNERAL DIRECTOR <u>Chapel of the Ozarks Inc. Missouri</u>		23h. ADDRESS <u>Springfield</u>	

8/14/63

REB 25 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by HAL Roger Duff, Student Embalmer No. 677

working under my personal supervision.

Student

Hal R. Duff  
Signature of Student Embalmer

Signed

W. H. H. H. H.

Licensed Embalmer No. 5159

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.